

RETURN OF SERVICE

Service of the Summons and complaint was made by me <sup>(1)</sup>	DATE 12/17/09
NAME OF SERVER (PRINT) Heather McKeel	TITLE Legal Asst.
Check one box below to indicate appropriate method of service	

- ☐ Served personally upon the defendant. Place where served: \_\_\_\_\_
- ☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.  
Name of person with whom the summons and complaint were left: \_\_\_\_\_
- ☐ Returned unexecuted: \_\_\_\_\_
- ☒ Other (specify): cert. mail # 7008 3230 0000 1652 7059

STATEMENT OF SERVICE FEES

TRAVEL	SERVICES	TOTAL
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DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on 12/8/09 Date  
Signature of Server Heather McKeel  
Prochniak Weisberg, P.C.  
7 S. Morton Ave.  
Morton, PA 19070 Address of Server

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Foreclosure Solutions  
Specialist, Inc.  
4699 W. State Rd. 7  
Ste. A-1  
Tamarac, FL 33319

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) J. Bonilus C. Date of Delivery 12-8
- D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from service label)

7008 3230 0000 1652 7059

PS Form 3811, February 2004

Domestic Return Receipt

35-02-M-1540

(1) As to who may